

CrossTraining:OHIO

Health and Permission Form Packet

Grace Church Student Ministry: *Event Permission Form*

I give my permission for my son/daughter, _____ to participate in the:

Cross Training Event: _____

Dates: _____

Should a medical emergency arise, the leaders or supervisors of the event have my permission to obtain any necessary medical care for my son or daughter. I agree to defend and indemnify Grace Countryside Church, or any parents or adult leaders, against any claim or action that might arise on behalf of myself or son or daughter other than for the willful, wanton or reckless misconduct of said parties.

Signature (Parent or Guardian)

Date

Home Phone

Work Phone

Cell Phone

Address

City

State

Zip

Allergies _____

Insurance _____

Contract # _____

Group # _____

Date of most recent tetanus immunization: _____

Lower Lights

Youth Short Term Volunteer Application

Lower Lights Christian Health Center-Lower Lights Ministries-Lower Lights Community Church of
the Nazarene

(Please print or type all information)

General Information

Child's Name _____ Birth date _____

First Last MI

Address of participant _____

Age _____ Height _____ Weight _____ Gender: _____ Male _____ Female

Last completed grade (if applicable) _____ School attended _____

Mother's/Guardian's name _____ Home Phone # _____ Work Phone # _____

Cell phone/other _____ Email Address _____

Father's/Guardian's name _____ Home Phone # _____ Work Phone # _____

Cell phone/other _____ Email Address _____

Child resides with: _____ Mother _____ Father _____ Both _____ Other _____

Insurance Provider _____ Policy # _____

Insurance Phone # _____

Family Doctor Name _____ Phone # _____

If parent/guardian is not available in an emergency, notify

Name _____ Relationship _____ Phone # _____

Privacy Policy Information

Lower Lights maintains a confidential record for each volunteer. Your file will include documents such as your application, legal forms, performance evaluations and memos. Other pertinent materials may also be included. You may ask to see anything in your volunteer record that has been used to determine your qualifications for promotion, separation, or other disciplinary action. Please talk to your supervisor or the Volunteer Coordinator for more information.

It is important that Lower Lights always have current information about you. Please let us know immediately if you have any changes.

Unless required by law, information regarding a volunteer will not be released to any public or private agencies ad/or persons without prior written authority from the volunteer. Lower Lights will provide required information in compliance with a lawful request from governmental and law enforcement agencies if they have furnished proper identification, proven their legal authority and right to access the requested information.

Throughout the year leaders, employees, and volunteers take photos and video of volunteers and others participating in activities; these photos/video are generally used for internal publications as well as our website. Some are also submitted to local newspapers or other media sources. By signing this application, consent to the use of images of myself as indicated above.

Applicant's Agreement

- I will subscribe to and actively promote the Mission and Core Values of Lower Lights.
- I will abide by the policies of Lower Lights while serving as a volunteer.
- I will treat all staff and members of Lower Lights with respect and dignity, regardless of race, sex, color, religion, national origin, age, religion, or handicap/disability.
- I will remember that I am a representation of the Love of Christ and Lower Lights to the community, and my work will represent that.

Code of Conduct and Safety

I and/or my child agree to follow the leadership of Lower Lights staff and all Program policies and procedures provided by Lower Lights. I and/or my child will conduct myself/himself/herself in a responsible, appropriate and professional manner, including proper grooming and modest clothing and refraining from consumption, possession or use of alcohol, controlled or illegal substances or any controlled drugs other than prescribed medications while participating in the Program.

I understand that volunteer participation is at the discretion of Lower Lights staff and project leaders and that volunteers who willfully and/or repeatedly disregard policies and the leadership of Lower Lights or affiliated organizations may be temporarily suspended from volunteer activities, or dismissed from the local project and sent home. This decision is at the discretion of the Lower Lights staff and/or team leader. The Lower Lights staff decision is final. I agree that if I and/or my child are dismissed, I will bear any additional expense in leaving the project.

When working with the Lower Lights Community, there are a few general rules of thumb to keep in mind. You should never be alone in the neighborhood at any time while you are here. You also should not give or take any money from anyone you encounter in the neighborhood. Additionally, you also should not provide transportation to anyone who asks for it. These rules are for your safety and have been developed by leaders who have gained an understanding of how to best serve our community. We encourage you to talk to Lower Lights Staff when other areas of need are brought to your attention to determine the best way to address that need.

Additional Rules for Groups Using Lower Lights property for lodging

- Leave the property the way you found it
- Remain in designated areas of the property only
 - o Stay off stage
 - o Stay out of sound booth
 - o Stay out of puppet stage
- If using the kitchen, clean up after every use
- Do not disturb other meetings that may be going on at the property
- The sanctuary must be cleared of all belongings and chairs set up prior to any scheduled gatherings
- Church doors must be dead-bolted, but not key locked at night
- No one should leave the building after 10:00 PM unless accompanied by an adult
- Do not open the property doors to anyone who is asking to gain entrance to the building
- Adhere to any and all additional instructions given by Lower Lights staff

By signing this form, the participant and guardian agrees to assume and accept all risks and hazards inherent in ministry-related social and work related activities. They also agree not to hold this organization or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. Additionally, the participant agrees to adhere to Applicants Agreement and Code of Conduct and Safety detailed above.

Print Name (Youth) _____

Signature (Youth) _____ Date _____

Parent/Guardian Signature _____ Date _____

Medical/Health Information

While it is not necessary for your child to have a doctor’s examination to participate, we strongly encourage it if:

- There has been no exam in the past 12 months.
- You have any doubts about your child’s ability to participate in any activity
- Your child has recently been hospitalized or treated, or if your child has been exposed to any communicable disease.

1. Are your child’s immunization and booster shots up-to-date with school standards? Yes No

2. Has your child recently been in contact with any communicable diseases? Yes No

If yes, which disease?

3. Does your child have any allergies, conditions or special medications?

Food allergies (please specify) _____

Animals (please specify) _____

Insect stings (please specify) _____

Penicillin or other drugs (please specify) _____

Other (please specify) _____

4. Does your child carry any allergy medication? Yes No If Yes, provide details _____

5. What was the date of your child's last tetanus shot?

6. Does your child have any physical limitations or special needs? Yes No

If Yes, provide details

7. Does your child have any of the following disorders? Please check off and provide further information:

Diabetes Ear Infections Asthma Epilepsy ADD/ADHD Behavior Disorders Other

Additional details including medications taken for above conditions _____

8. Does your child need to take the medication during their time with Lower Lights? Yes No

If Yes, provide details (attach additional sheet if necessary) _____

9. Does your child have any serious fears (i.e. water, dark) Yes No

If Yes, provide details _____

Parental Authorization

The health history provided in this form is correct, so far as I know. The person herein described has permission to engage in all prescribed camp activities, including outings and off-site trips except as noted by me and the examining physician. In the event that I cannot be reached in an emergency, I hereby give permission to Lower Lights to hospitalize my child as needed.

Every activity sponsored by this organization is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in ministry-related social activities. They also agree not to hold this organization or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Print Name _____ Relationship to child _____

Signature _____ Date _____

Student Signature _____ Date _____

Velocity Student Health Form

Church your child is with _____

Age _____ Sex _____ Birth date _____

Last Name First Name MI _____

Address City State Zip _____

Youth Leader _____

Immunization Record

Please indicate date of immunizations of the following

<i>Tetanus/Diphtheria:</i>	<i>Polio:</i>	<i>Measles:</i>	<i>Rubella:</i>	<i>Hepatitis B:</i>
DPT/TD	OPV/IPV			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health History:

Check if these apply to your child: **Allergies**

_____ Rheumatic Fever Aspirin _____

_____ Asthma Penicillin _____

_____ Epilepsy Other Drugs _____

_____ Diabetes Foods _____

_____ Behavior (please describe- e.g. nosebleeds, bedwetting, headaches, sleepwalking, etc.) _____

Precautions to be observed: _____

Operations or injuries: _____

Medications:

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event my child should have minor complaints of *uncomplicated/simple* headache, stuffy nose, cough, or diarrhea, I give permission for the registered nurse to administer over the counter medications to help alleviate the symptoms.

Please initial one: _____ Yes, I give permission for the nurse to administer over the counter medications.

_____ No, I do not give permission for the nurse to administer over the counter medications.

I hereby certify that the above health record is, as of this date, accurate and complete.

Signature of Parent or Guardian Date Completed

Please attach a photocopy of your current insurance card. (Front and back)

Medical Care Release

We (I) authorize an adult, in whose care (name of child) _____ has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or medical center, whether such diagnosis or treatment is rendered at the office of said physician and said hospital or medical center.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ Date _____

Phone Number _____ Birth Date _____ Age _____

Name of Parent(s) or Legal Guardians(s) _____

Secondary Phone Number (in case of emergency) _____

Insurance Company and Number _____

Please attach a photocopy of your current insurance card. (Front and back)

Liability Agreement:

In consideration for permission and support by Evangelical Youth Fellowship and all participating churches for my child to participate in and receive accommodation for Velocity (year: _____), I, the undersigned, for myself, my heirs, executors, administrators and assigns **do hereby release, hold harmless, indemnify, waive and discharge** Evangelical Youth Fellowship and all participating churches, staff members, and their agents (whether paid or volunteer) from and against any and all claims, demands, actions, or causes of action arising from any injuries or damages my child may suffer or sustain by my participation in Velocity. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in travel to and participation in Velocity, **I do hereby agree to assume all the risks and responsibilities** surrounding my child's participation in this activity or any other activities undertaken in addition thereto.

Signature of Parent(s)/ Guardian _____

Photo Release

I certify that photographs or videotape pictures of my child participating in *Velocity* programs may be reproduced and utilized in promotional materials for the conference.

The undersigned acknowledges having read and understood to foregoing informed consent form.

In witness whereof, I have caused this release to be executed this ____ day of _____, 20 ____.

Participant's Signature _____

Participant's Printed Name _____

Parent/Guardian Signature _____

Address _____

Phone: Work () _____ Home () _____



3140 Westerville Rd., Columbus, OH 43224 Fax: 614-753-4218 Phone: 614-422-4828

IMPORTANT: Each volunteer must have a signed "Release and Waiver of Liability" on file before volunteering.

Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, 20____, by _____, (the "Volunteer"), in favor of Habitat for Humanity-MidOhio, Habitat for Humanity International, Inc., and any other Habitat for Humanity affiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Humanity ReStore operations; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; constructing and rehabilitating residential buildings; and other construction-related activities.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

Release and Waiver. I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 18 may be allowed to participate in construction work, using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18.

Medical Treatment. I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

Assumption of the Risk. I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the work sites; and exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties to not pay ransom or make any other payments to secure the release of hostages.

PLEASE TURN PAGE OVER FOR AREA TO SIGN BY PARENT/GUARDIAN

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

Photographic Release. I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

Other. I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release, I sign here with a witness.

Volunteer: Name (please print): _____ Signature: _____

Address: _____

Phone: (H) _____ (C) _____ E-mail: _____ Date of Birth: _____

Witness: Name (please print): _____ Signature: _____

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability with a witness. Also, all parents or guardians must complete the "Parental Authorization for Treatment of, and Travel With, a Minor Child" on the following page. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

Parent/Guardian: Name (please print): _____ Signature: _____

Address: _____

Witness: Name (please print): _____ Signature: _____